RIN DATE: 07/06/2008 PISS THE CHECKNETTE SURMARY REPORT CHECKNETTE STREEM REPORT FINNALIA PAYER: NCIMBE THE CHECKNETTE STREEM PAYER: NCIMBE THE CHECKNETTE STREEM PAYER: NCIMBE FINNALIA PAYER: NCIMBE FINNALIA PAYER: NCIMBE FINNALIA PAYER: NCIMBE FINNALIA PAYER: NCIMBE THE CHECKNETT STREEM PAYER: NCIMBE THE CHECKNETT STREEM PAYER: NCIMBE FINNALIA PAYER: NCIMBE FINNALIA PAYER: NCIMBE THE CHECKNETT STREEM PAYER: NCIMBE FINNALIA PAYER: NCIMBE FINNALIA PAYER: NCIMBE THE CHECKNETT STREEM PAYER: NCIMBE FINNALIA PAYER: NCIMBE THE CHECKNETT STREEM PAYER: NCIMBER WAS NOT SUBMITTE THE CHAIM OF CHERN PAYER: NUMBER WAS NOT SUBMITTE THE CHAIM OF THE NPI SUBMITTE THE CHAIM OF THE	0	TOTAL DENIALS 14579		
FINANCIAL PAYER: NCMM HIGH DENIAL NUMBER OF	0	DENTALS 14579	CLAIMS FINALIZED	CLAIMS PAID 2967
PROVIDER HIGH DENIAL RUMBER OF PROVIDER NAME ROBS DENIALS DESCRIPTION DENIALS DESCRIPTION DENIALS JA04901 SMCKY MOINTAINN 537 4062 PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE 115 BASH OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM DATE DATE JA04904 WESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DATE JA04910 PATHBAYS B326 20 ATTENDING PROVIDER NUMBER MAS NOT SUMMITTED CN THIS CLAIM OR THE NPI SUMMITTE THIS CLAIM OR THE NPI SUMMITTE LI JA04910 DATIBRAYS B326 JACAN DUPLICATE OF CLAIM-SYSTEM CLAIM OR THE NPI SUMMITTE LI JACAN DUPLICATE OF CLAIM-SYSTEM THIS CLAIM OR THE NPI SUMMITTE LI JACAN DUPLICATE OF CLAIM-SYSTEM THIS CLAIM OR THE NPI SUMMITTE LI JACAN DUPLICATE OF CLAIM-SYSTEM THIS CLAIM OR THE NPI SUMMITTE LI JACAN DUPLICATE OF CLAIM-SYSTEM THIS CLAIM OR THE NPI SUMMITTE LI JACAN DUPLICATE OF CLAIM-SYSTEM THIS CLAIM DENIED DUE TO INSUFFICIE AMTNERS JACAN DENIEL DUE TO INSUFFICIE NEMTAL HEALTH P ANTHERS JACAN DENIEL DUE TO INSUFFICIE NEMTAL HEALTH P ANTHERS JACAN DENIEL DUE TO INSUFFICIE NEMTAL HEALTH P ANTHERS JACAN DENIEL DUE TO INSUFFICIE JACAN	0	DENTALS 14579	CLAIMS FINALIZED	CLAIMS PAID 2967
NUMBER PROVIDER NAME EOBS DENIALS DESCRIPTION DENIAL 3404901 SMOKY MOUNTAINM 537 4062 PROCEDURE IS NOT COVERED FOR T H/DD/SAS HIS DATE OF SERVICE 1 SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 21 1998 DUPLICATE OF CLAIM-SYSTEM DS LME 0 O O OTATE 3404904 NESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DATE 0 O D ATTENDING PROVIDER NAME 1 1 300 DUPLICATE OF CLAIM-SYSTEM 1 11 140 CLIENT OF ELIGIBLE ON SERVICE 3404912 MENTAL HEALTH P 8505 35 CLAIM CRIME OF CLAIM-SYSTEM 1 11 140 CLIENT NOT ELIGIBLE ON SERVICE NOT SUBMITTED ON 1 11 140 CLIENT NOT ELIGIBLE ON SERVICE 1 11 140 CLIENT NOT ELIGIBLE ON SERVICE NOT SUBMITTED ON 1 11 140 CLIENT NOT ELIGIBLE ON SERVICE 1 NOT SUBMITTED 1 NOT SUBM	0	DENTALS 14579	CLAIMS FINALIZED	CLAIMS PAID 2967
NOMBER PROVIDER NAME EOBS DENIALS DESCRIPTION DENIAL 3404901 SMOKY MOINTAINM 537 4062 PROCEDURE IS NOT COVERED FOR T H/DD/SAS HIS DATE OF SERVICE 1 SERVICE FACILITY LOCATION IS N 1 OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI 21 1998 DIPLICATE OF CLAIM-SYSTEM 21 1998 DIPLICATE OF CLAIM-SYSTEM DS LME 26 CLIENT NOT ELIGIBLE ON SERVICE 10 0 0 ATTENDING PROVIDER NAME 27 DATE 3404910 PATHWAYS 3326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 11 140 CLIENT NOT ELIGIBLE ON SERVICE 3404912 MENTAL HEALTH P 3505 35 CLAIM DENIED DUE TO INSUFFICIE NT BUDGET NT BUDGET	0	DENTALS 14579	FINALIZED	PAID 2967
R/DD/SAS 8534 2118 SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 21 3404904 MESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404910 PATHMAYS 8326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM DATE 3404910 PATHMAYS 8326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DERIVED DUE TO INSUFFICIE NT BUDGET NT BUDGET	0	26		
R/DD/SAS 8534 2118 SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 21 3404904 MESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404910 PATHMAYS 8326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM DATE 3404910 PATHMAYS 8326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DERIVED DUE TO INSUFFICIE NT BUDGET NT BUDGET	0	26		
OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 21 25 CLIENT NOT ELIGIBLE ON SERVICE DO LIME DO LATE O O O O O O O O O O O O O O O O O O O	0	26		
OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 3404904 WESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DS LAWE DO 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	26		
ATTENDING PROVIDER, OR THE NPI 21 1998 DUPLICATE OF CLAIM-SYSTEM 3404904 WESTERN NIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DS LME 0 0 0 DATE 3404910 PATHWAYS 8326 920 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 1 1 300 DUPLICATE OF CLAIM-SYSTEM 1 1 140 CLIENT NOT ELIGIBLE ON SERVICE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS 1 NT SUDGET NT SUDGET	0		27	1
21 1998 DUPLICATE OF CLAIM-SYSTEM 3404904 WESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE DS LME DATE 10 10 10 10 10 10 10 10 10 10 10 10 10 1	0		27	1
3404904 MESTERN HIGHLAN 11 26 CLIENT NOT ELIGIBLE ON SERVICE D5 LME	0		27	1
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DS LMR DATE DIFFICIAL OR THE NITS SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DIFFICULTY OF CLAIM-SYSTEM DIFFICULTY OF CLAIM-SYSTEM DIFFICULTY OF CLAIM-SYSTEM DATE DATE DATE SAM4912 MENTAL HEALTH P BS05 DS CLAIM DENIED DUE TO INSUFFICIE NT SUDGET NT SUDGET	14		27	1
DS LME DS LME O O O ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH D 8505 35 CLAIM DERNIED DUE TO INSUFFICIE NT SUDGET NT SUDGET	14		27	1
NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14		27	1
NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14		27	1
NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14			
NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14	1612		
NOT SUBMITTED ON IT HIS CLAIM OR THE MPI SUBMITTE 21 300 DUPLICATE OF CLAIM-SYSTEM IT 1 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS IN NT SUDGET IT 24 CLIENT NOT ELIGIBLE ON SERVICE	14	1612		
21 300 DUPLICATE OF CLAIM-SYSTEM 11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT SUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14	1612		
11 140 CLIENT NOT ELIGIBLE ON SERVICE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT SUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE	14	1612		
DATE DATE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE			10401	8789
DATE DATE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE				
DATE DATE DATE 3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE				
3404912 MENTAL HEALTH P 8505 35 CLAIM DENIED DUE TO INSUFFICIE ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE				
ARTNERS NT SUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE				
ARTNERS NT BUDGET 11 24 CLIENT NOT ELIGIBLE ON SERVICE				
	0	92	1117	1025
DATE				
8326 24 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
THIS CLAIM OR THE NPI SUBMITTE				
3404913 MECKLENBURG COM 8326 379 ATTENDING PROVIDER NUMBER WAS				
ENTAL HEALT NOT SUBMITTED ON				
THIS CLAIM OR THE NPI SUBMITTE				
8800 355 FURTHER PROCESSING NECESSARY,	0	1785	13903	12118
PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
8599 335 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
BENEFIT PACKAGE.				
3404916 CROSSROADS REMA 8536 131 ATTENDING PROVIDER TYPE AND SP				
3404916 CROSSROADS BEHA 8536 131 ATTENDING PROVIDER TYPE AND SP VIORAL HEAL ECIALTY COMBINATION IS NOT				
VALID FOR SUBMITTED BILLING PR				
8961 128 ATTENDING PROVIDER NPI IS MIS	0	497	7176	6679
SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
8326 56 ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
THIS CLAIM OR THE NPI SUBMITTE				
3404917 CENTERPOINT HIM 8800 136 FURTHER PROCESSING NECESSARY,				
3404917 CENTERPOINT HUM 8800 136 FURTHER PROCESSING NECESSARY, AN SERVICES PLEASE CHECK FOR CLAIM ON				
FUTURE RA'S.				
11 59 CLIENT NOT ELIGIBLE ON SERVICE	0	320	5749	5429
DATE		320	3713	
8599 30 DETAIL NOT COVERED BY COMBINAT				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919 GUILFORD CO MEN 8534 122 SERVICE FACILITY LOCATION IS N Tal HEALTHC OT A VALID IPRS				
TAL HEALTHC OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI				
11 61 CLIENT NOT ELIGIBLE ON SERVICE				
DATE	0	311	1707	1396
8800 37 FURTHER PROCESSING NECESSARY,				
PLEASE CHECK FOR CLAIM ON				
FUTURE RA'S.		1		1

PROVIDER							TOTAL	TOTAL
NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	11	8	CLIENT NOT ELIGIBLE ON SERVICE				
	L AREA MH D			DATE				
		0	0		0	8	56	48
3404921	ORANGE PERSON C	4102	226	YOU ARE ATTEMPTING TO ADJUST A				
	HATHAM AREA			CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		8955	20	CLAIM SHOULD NOT CONTAIN BOTH NPI AND REFERRING	0	246	246	0
				PROVIDER NUMBER. REFERRING PR				
3404922		8326	2278	ATTENDING PROVIDER NUMBER WAS				
3404922	THE DURHAM CENT ER	0320	2270	NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		21	581	DUPLICATE OF CLAIM-SYSTEM		3146	7868	4722
		7001	184	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404923	FIVE COUNTY MH	8961	6	ATTENDING PROVIDER NPI IS MIS				
				SING. ATTENDING PROVIDER IS TYPICAL. PLEASE RESUBMIT WITH				
		0	0		0	6	54	48
3404925	SANDHILLS CENTE	8326	596	ATTENDING PROVIDER NUMBER WAS				
	R FOR MH/DD			NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8599	216	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	20	1254	9226	7972
				BENEFIT PACKAGE.				
		21	116	DUPLICATE OF CLAIM-SYSTEM				
3404926		11	318	CLIENT NOT ELIGIBLE ON SERVICE				
3101320	SOUTHEASTERN RE G MENTAL HL		310	DATE				
		21	14	DUPLICATE OF CLAIM-SYSTEM	0	332	350	18
3404927	CUMBERLAND CO M	11	621	CLIENT NOT ELIGIBLE ON SERVICE				
3404927	CUMBERLAND CO M	11	621	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927		11	621					
3404927		11 8599	621	DATE DETAIL NOT COVERED BY COMBINAT	0	1220	5015	3795
3404927				DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1220	5015	3795
3404927				DATE DETAIL NOT COVERED BY COMBINAT	0	1220	5015	3795
3404927				DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N	0	1220	5015	3795
3404927		8599		DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1220	5015	3795
	180	8599 8534	368	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI	0	1220	5015	3795
3404927	HC JOHNSTON COUNTY	8599		DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS	0	1220	5015	3795
	180	8599 8534	368	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS AFTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE	0	1220	5015	3795
	HC JOHNSTON COUNTY	8599 8534	368	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS AFTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE	0			
	HC JOHNSTON COUNTY	8599 8534	368	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS AFTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE	0			3795
3404930	HC JOHNSTON COUNTY MYTL HLTHC	8599 8534 11	368 63 26	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE	0			
	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8599 8534	368	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS AFTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE	0			
3404930	HC JOHNSTON COUNTY MYTL HLTHC	8599 8534 11	368 63 26	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS	0			
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8599 8534 11	368 63 26	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON	0	26	26	0
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	369 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON HIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALITY COMBINATION IS NOT	0			
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	369 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPPS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP	0	26	26	0
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	369 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DEN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALITY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO	0	26	26	0
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	368 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	26	26	0
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	368 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT DETAIL NOT COVERED BY COMBINAT DEN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALITY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO	0	26	26	0
3404930	JOHNSTON COUNTY NEVEL HITHIC HARRE CO HUM SVC	8534 8534 11 0 8326	368 63 26 0	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS	0	26	26	0
3404930 3404931	JOHNSTON COUNTY MANTE HETHER MAKE CO HUM SVC BILLING OF	8534 8534 11 11 0 8326 8536	369 63 26 0 0 434	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED BILLING	0	26	26	0
3404930 3404931	JOHNSTON COUNTY NOTE HETHER NAME CO HUM SVC BILLING OF	8534 8534 11 11 0 8326 8536	369 63 26 0 0 434	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS	0	26	26	0
3404930 3404931	JOHNSTON COUNTY NOTE HETHER NAME CO HUM SVC BILLING OF	8534 8534 11 11 0 8326 8536	369 63 26 0 0 434	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT	0	26	26	0
3404930 3404931	JOHNSTON COUNTY NOTE HETHER NAME CO HUM SVC BILLING OF	8534 8534 11 11 8326 8536	368 63 26 0 0 434 98	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THE NEI SUBMITTE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	26	26	2387
3404930 3404931	JOHNSTON COUNTY NOTE HETHER NAME CO HUM SVC BILLING OF	8534 8534 11 11 8326 8536	368 63 26 0 0 434 98	DATE DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI CLIENT NOT ELIGIBLE ON SERVICE DATE ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE DETAIL NOT COVERED BY COMBINAT	1	26	26	2387

	1			SPECIALTY IN ACCORDANCE TO MEN				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404934		2226	505	ARTENDANG DROUGEDED MUNICIPE MAG				
3404934	ONSLOW CARTERET BEHAV HEAL	8326	695	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		21	214	DUPLICATE OF CLAIM-SYSTEM	0	1222	3320	2098
					Ü	1222	3320	2098
		8599	87	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404937	THE BEACON CENT	8536	32	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
	ER			VALID FOR SUBMITTED BILLING PR				
		9900	24	STIDTUED DECCECTION NEGROUS DV				
		8800	~*	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	108	2566	2458
				FUTURE RA'S.				
		8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404939	EAST CAROLINA B	8326	188	ATTENDING PROVIDER NUMBER WAS				
	EHAVIORAL H			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8800	102	FURTHER PROCESSING NECESSARY,	1	544	7043	6499
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
	IIIIVIOIGII II							
		0	0			0	0	
					0	0	0	U
3404943		3411	80	PROVIDER TYPE AND SPECIALTY 07				
3404943	ALBEMARLE MENTA L HEALTH CE	3411	00	4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8326	78	ATTENDING PROVIDER NUMBER WAS	8	342	8325	7983
				NOT SUBMITTED ON	Ü	312	5323	
		-		THIS CLAIM OR THE NPI SUBMITTE				
		8599	44	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	0	0	*** NO DATA TO REPORT ***				
	N SERVICES							
		0	0		0	0	60	60
3404946	FOOTHILLS AREAM ENTAL HEALT	U	U	*** NO DATA TO REPORT ***				
	MANUS REPORT							
-		0	0					
					0	0	0	0
240404-			1007					
3404949	PIEDMONT BEHAVI ORAL HEALTH	21	4281	DUPLICATE OF CLAIM-SYSTEM				
	OLGED REALITY							
-		8536	3798	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT	0	18112	29153	11041
				VALID FOR SUBMITTED BILLING PR				
		8534	1851	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS				
				ATTENDING PROVIDER, OR THE NPI				